



City of Newport News
Employees' Retirement and Benefits Office
2400 Washington Avenue
Newport News, VA 23607

Employee's Death Benefit Beneficiary Form

Social Security Number	NAME: Last	First	Middle
Present Address: Street	City	State	Zip
Have you ever been employed full-time by the city before: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, give details:			
IF YOU ARE LEGALLY MARRIED, PLEASE COMPLETE THE FOLLOWING:			
Spouse's Name	Social Security No.	Date of Birth	Address (if different)

PRIMARY BENEFICIARIES - IF YOU DO NOT HAVE A LEGAL SPOUSE			
Name	Address	Relationship	% of Insurance

CONTINGENT BENEFICIARIES			
Name	Address	Relationship	% of Insurance

In the event of my death, my spouse would be entitled to my final paycheck and any vacation I had accrued. If no spouse, then the payments will be made in accordance with the City Code. I am aware that my spouse would be entitled to a death benefit of \$550.00 for each year of service up to a maximum of \$3,300.00. If no spouse, then my beneficiary would be entitled to a death benefit of \$550.00 for each year of service up to a maximum of \$3,300.00.

EMPLOYEE SIGNATURE _____ **DATE** _____